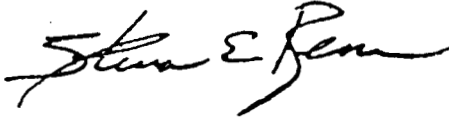


3. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administration, technical assistance and coordination of activities authorized under this agreement.
4. Certify to DSS the provisions of the non-federal share for transportation services via completion of DMS "Certification of General Revenue" form.
5. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the School District.
6. Consult with the Division of Medical Services on issues arising out of this agreement. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
7. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
8. Submit administrative claims on a quarterly basis in a format approved by DMS.
9. Meet or consult with DSS to exchange information regarding policy and procedure relating to the efficient administration of medically necessary transportation.
10. Use reimbursement received, as a result of this agreement, to maintain or expand non-emergency medical transportation services for Missouri Medicaid eligible individuals. Reimbursement received, as a result of this agreement, shall not be used to reduce the amount allowed for non-emergency medical transportation of Missouri Medicaid eligible individuals.

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V
TERMS OF THIS AGREEMENT

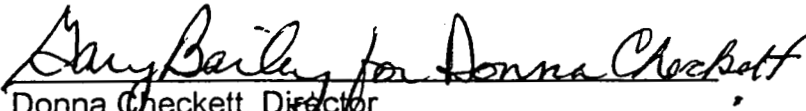
The period of this Cooperative Agreement shall begin April 1, 1995. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

6/28/95

Date



Donna Checkett, Director
Division of Medical Services

6/22/95

Date



Authorized School Representative

6-1-95

Date

Superintendent of Schools

Title

Sikeston Public R-6 Schools

School District Name

TN No. 95-24Supersedes TN No. New MaterialApproval Date AUG 25 1995Effective Date 04/01/95

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE ST. JOSEPH SCHOOL DISTRICT
For the Provision of
Transportation For IEP Services**

**I
STATEMENT OF PURPOSE**

This agreement between The Missouri Department of Social Services (DSS) and the St. Joseph School District (hereafter referred to as "school district") concerns the administration of transportation for children eligible for Title XIX (Medicaid) to obtain medically necessary services provided as a result of a child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). Medicaid reimbursement for administration of transportation (to and from school, or to and from a service provided off school grounds or both) may be made when all of the following conditions are met:

- a. The child is eligible for Medicaid on the date the transportation is provided;
- b. The child receives a service covered by Medicaid and the service is provided as a result of the child's IEP or IFSP; and
- c. The IEP/IFSP specifies the need for transportation and contains at least one of the following determinations:

(1) An IEP/IFSP team has determined and documented the student to be unable to independently perform at an age-appropriate level one or more of the following functions associated with transportation to/from school or other site at which the Medicaid-covered service is provided:

- arrive to the site normally used by children of similar chronological age to board transportation; or
- board and be seated in the transportation vehicle for the trip; or
- disembark from the transportation vehicle; or
- following delivery of the Medicaid-covered service, reboard the transportation vehicle, be seated, disembark at the appropriate location and return home; or

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- (2) An IEP/IFSP team has determined and documented the presence of a specialized medical need which may or may not accompany the functional limitation described in 1; or
(3) An IEP/IFSP team has determined and documented the requirement that the student must be attended by an aide during transportation.

II RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the School District the Title XIX federal share of actual and reasonable costs established for administration of medically necessary transportation provided by the school district. Reimbursement is based upon a statewide average cost per day as determined annually by the Department of Elementary and Secondary Education (DESE) and will be in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95. The rate of reimbursement for eligible administration of medically necessary transportation costs will be the Title XIX federal share (50%).
2. Provide the School District access to the information necessary to properly provide and seek reimbursement for administration of medically necessary transportation.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the School District.
4. Provide written instructions, technical assistance, and necessary consultation to staff of the School District regarding the responsibilities assumed within the terms of this agreement.

The School District agrees to:

1. The School District will provide professional, technical, and clerical staff to conduct administrative functions necessary for the proper and efficient administration of medically necessary transportation.
2. Provide as requested by the Division of Medical Services, the information necessary to request federal funds. Request for FFP will be submitted on the standard form together with a billing statement. These documents will be certified by the superintendent of the school district.

TN No. 95-24

Approval Date AUG 25 1995

Supersedes TN No. New Material

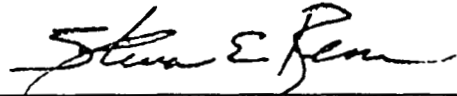
Effective Date 04/01/95

3. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administration, technical assistance and coordination of activities authorized under this agreement.
4. Certify to DSS the provisions of the non-federal share for transportation services via completion of DMS "Certification of General Revenue" form.
5. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the School District.
6. Consult with the Division of Medical Services on issues arising out of this agreement. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
7. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
8. Submit administrative claims on a quarterly basis in a format approved by DMS.
9. Meet or consult with DSS to exchange information regarding policy and procedure relating to the efficient administration of medically necessary transportation.
10. Use reimbursement received, as a result of this agreement, to maintain or expand non-emergency medical transportation services for Missouri Medicaid eligible individuals. Reimbursement received, as a result of this agreement, shall not be used to reduce the amount allowed for non-emergency medical transportation of Missouri Medicaid eligible individuals.

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V
TERMS OF THIS AGREEMENT

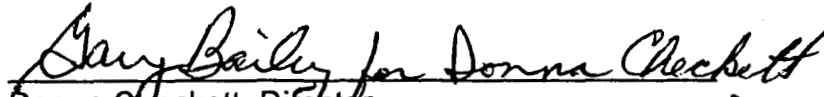
The period of this Cooperative Agreement shall begin April 1, 1995. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

6/28/95

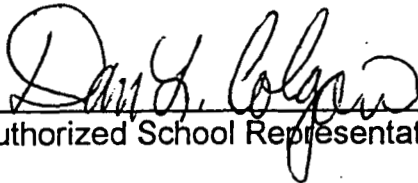
Date



Donna Coeckett, Director
Division of Medical Services

6/22/95

Date



Authorized School Representative

May 25, 1995

Date

Superintendent

Title

The St. Joseph School District

School District Name

TN No. 95-21

Supersedes TN No. New Material

Approval Date AUG 25 1995

Effective Date 04/01/95

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE VALLEY PARK SCHOOL DISTRICT
For the Provision of
Transportation For IEP Services**

**I
STATEMENT OF PURPOSE**

This agreement between The Missouri Department of Social Services (DSS) and the Valley Park School District (hereafter referred to as "school district") concerns the administration of transportation for children eligible for Title XIX (Medicaid) to obtain medically necessary services provided as a result of a child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). Medicaid reimbursement for administration of transportation (to and from school, or to and from a service provided off school grounds or both) may be made when all of the following conditions are met:

- a. The child is eligible for Medicaid on the date the transportation is provided;
- b. The child receives a service covered by Medicaid and the service is provided as a result of the child's IEP or IFSP; and
- c. The IEP/IFSP specifies the need for transportation and contains at least one of the following determinations:

(1) An IEP/IFSP team has determined and documented the student to be unable to independently perform at an age-appropriate level one or more of the following functions associated with transportation to/from school or other site at which the Medicaid-covered service is provided:

- arrive to the site normally used by children of similar chronological age to board transportation; or
- board and be seated in the transportation vehicle for the trip; or
- disembark from the transportation vehicle; or
- following delivery of the Medicaid-covered service, reboard the transportation vehicle, be seated, disembark at the appropriate location and return home; or

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- (2) An IEP/IFSP team has determined and documented the presence of a specialized medical need which may or may not accompany the functional limitation described in 1; or
(3) An IEP/IFSP team has determined and documented the requirement that the student must be attended by an aide during transportation.

II RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the School District the Title XIX federal share of actual and reasonable costs established for administration of medically necessary transportation provided by the school district. Reimbursement is based upon a statewide average cost per day as determined annually by the Department of Elementary and Secondary Education (DESE) and will be in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95. The rate of reimbursement for eligible administration of medically necessary transportation costs will be the Title XIX federal share (50%).
2. Provide the School District access to the information necessary to properly provide and seek reimbursement for administration of medically necessary transportation.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the School District.
4. Provide written instructions, technical assistance, and necessary consultation to staff of the School District regarding the responsibilities assumed within the terms of this agreement.

The School District agrees to:

1. The School District will provide professional, technical, and clerical staff to conduct administrative functions necessary for the proper and efficient administration of medically necessary transportation.
2. Provide as requested by the Division of Medical Services, the information necessary to request federal funds. Request for FFP will be submitted on the standard form together with a billing statement. These documents will be certified by the superintendent of the school district.

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Approval Date AUG 25 1995

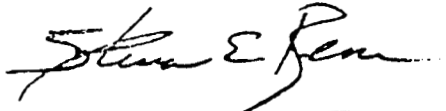
Effective Date 04/01/95

3. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administration, technical assistance and coordination of activities authorized under this agreement.
4. Certify to DSS the provisions of the non-federal share for transportation services via completion of DMS "Certification of General Revenue" form.
5. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the School District.
6. Consult with the Division of Medical Services on issues arising out of this agreement. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
7. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
8. Submit administrative claims on a quarterly basis in a format approved by DMS.
9. Meet or consult with DSS to exchange information regarding policy and procedure relating to the efficient administration of medically necessary transportation.
10. Use reimbursement received, as a result of this agreement, to maintain or expand non-emergency medical transportation services for Missouri Medicaid eligible individuals. Reimbursement received, as a result of this agreement, shall not be used to reduce the amount allowed for non-emergency medical transportation of Missouri Medicaid eligible individuals.

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V
TERMS OF THIS AGREEMENT

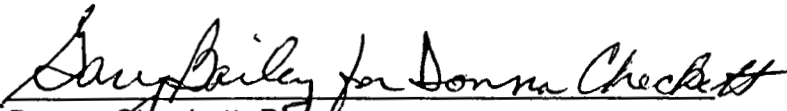
The period of this Cooperative Agreement shall begin April 1, 1995. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

6/28/95

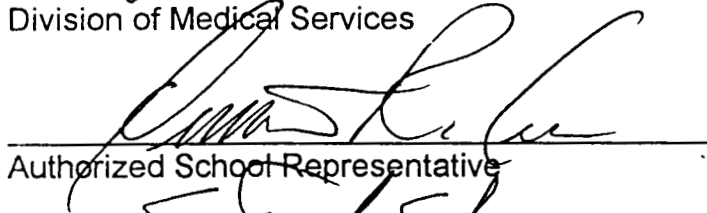
Date



Donna Checkett, Director
Division of Medical Services

6/22/95

Date



Authorized School Representative

6/1/95

Date

Sup. of Sch.

Title

Valley Park Sch.

School District Name

TN No. 95-241

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